

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AB</i>	<i>64861</i>	<i>12/27</i>
O.I.P.E. CLASSIFIER		<i>64863</i>	<i>1/7/00</i>
FORMALITY REVIEW		<i>64863</i>	<i>1/21/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

< ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	2/12/00
2	2/12/00
3	2/12/00
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50	2/12/00

Claim	Date
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If more than 150 claims or 10 actions  
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